|  |  |  |  |
| --- | --- | --- | --- |
| Job Applied for: |  | Job Reference |  |

|  |
| --- |
| Application for Employment Form |

|  |
| --- |
| It is important that you read the job description before completing this application form. Please complete this form fully using black ink or type. **CVs are not accepted**. Applications received after the closing date will not normally be considered. |
| **THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.** |

|  |
| --- |
| Section 1 Personal details |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Surname: |  | **First Name:** |  | **Title:** |  |

|  |  |
| --- | --- |
| Address: |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| Postcode: |  |

Letters Numbers Letter

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Home Telephone No:** |  | **National Insurance No:** |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Daytime Telephone No:** |  |

|  |  |
| --- | --- |
| **Mobile Telephone No:** |  |

|  |  |
| --- | --- |
| **E-mail address:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Can we contact you at work?** | Yes |  | No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you free to remain and take up employment in the UK with no current immigration restrictions? | Yes |  | No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Driving Licence – if relevant to post applied for.**  Do you hold a full, clean driving licence valid in the UK? | Yes |  | No |  |

|  |
| --- |
| **If you are successful, you will be required to provide relevant evidence of the above details prior to your appointment.** |

|  |
| --- |
|  |

|  |
| --- |
| Section 2 Present Employment |
| **Present Employment** (If now unemployed give details of last employer) |

|  |  |
| --- | --- |
| Name of Employer: |  |

|  |  |
| --- | --- |
| Address: |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| Postcode: |  |

|  |  |
| --- | --- |
| Post Title: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Appointment: |  | **Salary:** |  |

|  |  |
| --- | --- |
| Department / Section: |  |

|  |  |
| --- | --- |
| **Brief description of duties:** | |
|  | |
| Continue on a separate sheet if necessary | |

|  |  |  |  |
| --- | --- | --- | --- |
| Period of Notice: |  | **Last day of service**  (if no longer employed)**:** |  |

|  |  |
| --- | --- |
| **Reason for leaving:** |  |

|  |
| --- |
| Section 3 Previous Employment |
| **Previous Employment** (most recent employer first). |
|  |

|  |  |
| --- | --- |
| Name of Employer: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Address: |  | | |
|  |  | | |
|  |  | Postcode |  |

|  |  |
| --- | --- |
| Position Held: |  |

|  |  |
| --- | --- |
| **Summary of duties:** | |
|  | |

|  |  |  |  |
| --- | --- | --- | --- |
| Start Date: |  | **Finish Date:** |  |

|  |  |
| --- | --- |
| **Reason for leaving:** |  |
|  | |

|  |  |
| --- | --- |
| Name of Employer: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Address: |  | | |
|  |  | | |
|  |  | Postcode |  |

|  |  |
| --- | --- |
| Position Held: |  |

|  |  |
| --- | --- |
| **Summary of duties:** | |
|  | |

|  |  |  |  |
| --- | --- | --- | --- |
| Start Date: |  | **Finish Date:** |  |

|  |  |
| --- | --- |
| **Reason for leaving:** |  |
|  | |

### Section 3 Previous Employment continued

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Name of Employer: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Address: |  | | |
|  |  | | |
|  |  | Postcode |  |

|  |  |
| --- | --- |
| Position Held: |  |

|  |  |
| --- | --- |
| **Summary of duties:** | |
|  | |

|  |  |  |  |
| --- | --- | --- | --- |
| Start Date: |  | **Finish Date:** |  |

|  |  |
| --- | --- |
| **Reason for leaving:** |  |

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Name of Employer: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Address: |  | | |
|  |  | | |
|  |  | Postcode |  |

|  |  |
| --- | --- |
| Position Held: |  |

|  |  |
| --- | --- |
| **Summary of duties:** | |
|  | |

|  |  |  |  |
| --- | --- | --- | --- |
| Start Date: |  | **Finish Date:** |  |

|  |  |
| --- | --- |
| **Reason for leaving:** |  |
| Continue on a separate sheet if necessary | |

|  |
| --- |
| Section 4 Education |
| Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first: |

|  |  |  |  |
| --- | --- | --- | --- |
| **College or University** | **From** | **To** | **Qualifications and grades obtained** |
|  |  |  |  |
| **School** | **From** | **To** | **Subjects and grades obtained** |
|  |  |  |  |
|  | Continue on a separate sheet if necessary | | |

|  |
| --- |
| Professional, Technical or Management Qualifications |
| Please give details: |

|  |  |
| --- | --- |
| **Professional/Technical/**  **Management Qualifications** | **Course Details** |
|  |  |
| **Membership of any Professional / Technical Associations- Please state level of Membership:** | |
| Continue on a separate sheet if necessary | |

|  |
| --- |
| Section 5 Training and Development |
| Please give details of any training and development courses or non-qualifications courses which support your  application. Include any on the job training as well as formal courses. |

|  |  |
| --- | --- |
| **Title of Training Programme or Course** | **Duration of Course** |
|  |  |
| Continue on a separate sheet if necessary | |

|  |
| --- |
| Section 6 IT Skills |
| Give brief description of packages used. Please indicate whether knowledge is basic, intermediate or advanced. |

|  |  |
| --- | --- |
| **Software package / Program** | **Level of Knowledge** |
|  |  |
| Continue on a separate sheet if necessary | |

|  |
| --- |
| Section 7 Languages |
| In which foreign language can you communicate? Please indicate whether knowledge is fluent, intermediate or basic. |

|  |  |
| --- | --- |
| **Written** | **Oral** |
|  |  |
| Continue on a separate sheet if necessary | |

|  |
| --- |
| Section 8 Personal Statement |
| **Abilities, skills, knowledge and experience.**  Please use this section to explain in detail how you meet the requirements of the Employee Profile. If you are or have been involved in voluntary/unpaid activities, please also include this information. Attach and label any additional sheets used. |

|  |
| --- |
|  |
| Continue on a separate sheet if necessary |

|  |
| --- |
| **Section 9 Rehabilitation of Offenders Act (1974)** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have any convictions that are unspent under the Rehabilitation of Offenders Act 1974? | Yes |  | No |  |

|  |
| --- |
| If yes, please give details / dates of offence(s) and sentence: |
|  |

|  |
| --- |
| **Section 10 Equality Act (2010)** |

|  |
| --- |
| This Act protects people with disabilities from unlawful discrimination. The Equality Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long term effect on his or her ability to carry out normal day to day activities. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have a disability which is relevant to your application? | Yes |  | No |  |

|  |
| --- |
| If yes, please give details: |
|  |

|  |
| --- |
| **We will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people.** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do we need to make any specific arrangements in order for you to attend the interview?** | Yes |  | No |  |

|  |
| --- |
| If yes, please give details: |
|  |

|  |
| --- |
| **Section 11 Health Questionnaire** |

|  |
| --- |
| Regulations 21 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2009 states that a person employed for the purposes of carrying on a regulated activity must be physically and mentally fit for that work.  Please answer the following questions: |

|  |  |
| --- | --- |
| How many days were you absent from work due to sickness in the last year? |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you ever suffered from allergies, eczema, dermatitis or other skin conditions? | Yes |  | No |  |
| Do you suffer from epilepsy, migraine, asthma, angina, heart trouble or any condition requiring long-term medical help or a strict medication timetable? | Yes |  | No |  |
| Have you ever suffered from mental illness including anxiety, depression or nervous debility? | Yes |  | No |  |
| Have you ever required treatment for hernia or rupture, rheumatism, back problems, slipped disc, sciatica or repetitive strain injury (RSI)? | Yes |  | No |  |
| Do you suffer from diabetes, ulcers, stomach or other intestinal disoders? | Yes |  | No |  |

|  |
| --- |
| If you have answered yes to any of the questions above, please provide further details below.: |
|  |

**Declaration:**

I do hereby confirm that I know of no reason, in relation to either my physical or mental health, why I would be unable to undertake the duties required for the post applied for.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: | Christopher Muganhu | **Date:** | 12 November 2016 |

|  |
| --- |
| **Section 12 References** |

|  |
| --- |
| Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your references are. |

|  |  |  |
| --- | --- | --- |
| **Reference 1** |  | **Reference 2** |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | **Name:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Position (job title): |  | **Position (job title):** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Work Relationship: |  | **Work Relationship:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation: |  | **Organisation:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Address: |  | | **Address:** |  | |
|  |  | |  |  | |
|  |  | |  |  | |
|  |  | |  |  | |
|  | Postcode |  |  | Postcode |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Telephone No: |  | **Telephone No:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| E-mail: |  | **E-mail:** |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Are you willing for this referee to be approached prior to the interview? | Yes |  | No |  | Are you willing for this referee to be approached prior to the interview? | Yes |  | No |  |

|  |
| --- |
| **Section 13 Recruitment Monitoring Form** |

|  |
| --- |
| The information supplied on this form will be used in total confidence and in accordance with current Data Protection legislation. It will help to ensure that the service properly monitors and conforms with its policies relating to the equality of opportunities. |

|  |  |
| --- | --- |
| Application for the post of: |  |

|  |
| --- |
| The information will used for monitoring and for no other purpose. |

|  |
| --- |
| What is your ethnicity? |
| Choose ONE section from A to E, then tick the appropriate box to indicate your cultural background. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| A. White | |  | D. Black or Black British | |  |
| White UK | |  | Black Caribbean | |  |
| Irish | |  | Black African | |  |
| White non-UK | |  | Any other Black background  (please give details): | |  |
| Any other White background  (please give details): | |  | |  |  |
|  |
| B. Mixed | |  | **E. Chinese or other ethnic group** | |  |
| White & Black Caribbean | |  | Chinese | |  |
| White & Black African | |  | Vietnamese | |  |
| White & Asian | |  | Any other ethnic background  (please give details): | |  |
| Any other Mixed background  (please give details): | |  | |  |  |
|  |
| C. Asian or Asian British | |  | **F. I do not wish to provide this information** | |  |
| Indian | |  |
| Pakistani | |  |
| Bangladeshi | |  |
| Any other Asian background  (please give details): | |  |
|  |

|  |
| --- |
| **Section 13 Recruitment Monitoring Form continued** |

|  |
| --- |
| Gender |
| Male |  | Female |  | Prefer not to say |  |

|  |
| --- |
| **Disability** |
| Disability is defined as “physical or mental impairment, which has a substantial and long term adverse effect on a person’s ability to carry out normal day to day activities”. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you consider yourself disabled? | Yes |  | No |  |

|  |
| --- |
| If yes, please give details: |
|  |

|  |
| --- |
| Age Group |
| 16-25 |  | 26-35 |  | 36-45 |  |
| 46-55 |  | 56-65 |  | 66-70 |  |
| Over 70 |  |

|  |  |
| --- | --- |
| Media | |
| Please state where you saw this post advertised | |
|  | |

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| For Office Use Only: | | |
| Start Date: |  |
|  |  | |